



APPLICATION FOR WATER AND/OR WASTEWATER OPERATOR CERTIFICATION

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF MUNICIPAL FACILITIES
918 E Divide Ave., 3rd Floor, Bismarck, ND 58501-1947
SFN 16403 (5/01)

Directions

- * Please type or print legibly.
- * You may write a maximum of two examinations per session.
- * Send your completed application to the department at least **15 days before the exam date**. Use the address listed above.
- * **DO NOT SEND CHECK, MONEY ORDER OR CASH FOR PAYMENT.** You will be billed by the Department of Health after the examination(s) are administered. Results will only be released after payment has been received.
- * Choose references who can confirm your operating ability (supervisor, foreman, city officials, etc.).
- * Each statement and fact by the applicant must be true and correct.
- * You may apply for certification in water treatment, water distribution, wastewater treatment, or wastewater collection on this form.
- * Incomplete applications will be returned.

Name		Home Telephone Number ()		
Home Address		City	State	Zip Code
Present Employer	Population Served	Business Telephone Number ()		
Employer's Address	County	City	State	Zip Code
Your Position Title:		Status (Check One) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal		
Circle the certification grade you are applying for:	Water Treatment Plant Operator 1A 1 2 3 4			
	Water Distribution System Operator 1A 1 2 3 4			
	Wastewater Treatment Plant Operator 1A 1 2 3 4			
	Wastewater Collection System Operator 1A 1 2 3 4			
Exam Date:		Location:		For Reciprocity Applications
Retest: <input type="checkbox"/> Yes <input type="checkbox"/> No				State: Grade:
Operator Work Experience:		List the positions you have held in water treatment, water distribution, wastewater treatment, or wastewater collection. Start with your present position and work back. If necessary, use extra sheets to describe duties.		
Dates Employed Mo./Yr. To Mo./Yr.		Name and Address of Employer		Specific Duties Performed

Continue on other side of this form.

Direct Responsible Charge (DRC) - Means full and active performance of onsite operation where the operator is:

Are you an operator in DRC ?

☐ Yes

☐ No

☐ Responsible for technical support of the facility or system and provides direction to other operators.

☐ Is on site or on call during shift operations.

☐ Is responsible for the operation of a major segment of a facility or system.

☐ Is the sole person employed as the facility or system operator.

Date Started DRC: _____

Education	Name of High School			Year Graduated: or Highest Grade Completed:		
College or University	Dates Attended	Major	Minor	Degree Obtained	Year of Graduation	

Circle the appropriate letter (C or P) to indicate current position "C" or previous position "P". If appropriate, list a number to identify your experience with various systems.

(For example 8 # of wells P / C)

WATER TREATMENT

Chlorination P / C

Sequestering P / C

Chemical Softening and Filtration P / C

Iron and Manganese Removal P / C

Coagulation, Sedimentation, Filtration P / C

Fluoridation P / C

Corrosion Control P / C

Reverse Osmosis P / C

Other: _____

WASTEWATER TREATMENT

Stabilization Ponds P / C

Oxidation Ditches P / C

Trickling Filter P / C

Sludge Stabilization P / C

Aerated Ponds P / C

Activated Sludge P / C

Rotating Biological Contactor P / C

Other: _____

WATER DISTRIBUTION

_____ Average Daily Volume (GPD) P / C

_____ # of Service Connections P / C

_____ # of Pumping Stations P / C

_____ # of Storage Facilities P / C

Types: _____

Water Supply

_____ # of Wells P / C

_____ # of Springs P / C

_____ Name Surface Water

_____ Name Rural Water

WASTEWATER COLLECTION

_____ Average Daily Volume (GPD) P / C

_____ # of Service Connections P / C

_____ # of Industrial Connections P / C

_____ # of Storm Water Connections P / C

Lift Stations

_____ # of Submersible Type P / C

_____ # of Wet Well/Dry Well P / C

_____ # of Air (Pneumatic) P / C

_____ # of Package Type P / C

Name, Address, Phone Number of Reference

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The information I have provided above is correct and to the best of my knowledge.

Signature of Applicant / Date Signed

Signature of Supervisor / Date Signed